

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Approval of Financial Hardship Discount

Dear [Patient Name],

We are writing to inform you that your application for a Financial Hardship Discount regarding your diagnostic testing has been reviewed and approved.

Based on the information provided, you have been granted a [Percentage]% discount on the following services:

- Test Name: [Name of Test]
- Date of Service: [Date]
- Original Balance: \$[Amount]

After applying the hardship discount, your new adjusted balance is: **[\$Adjusted Amount]**.

Please note the following terms of this approval:

- This discount applies only to the specific services listed above.
- Payment of the adjusted balance is due by [Due Date].
- Future services will require a new financial evaluation.

If you would like to set up a payment plan for the remaining balance or have any questions regarding this letter, please contact our Billing Department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]

[Title]

[Organization Name]